## UTILITY PATENT APPLICATION

Attorney Docket No.	SP04-007	Total Pages	2			
First Named Inventor or Application Identifier: Alan F. Evans, et al						
Title: ACTIVE FIBER LOSS MONITOR AND METHOD						
Express Mail Label No.	EV 327190156 US					

C TATELLI ALL ELOALION		Title: ACTIVE FIBER LOSS MONITOR AND METHOD					
TRANSMITTAL	Express Mail Label No.	EV 327190156 US	EV 327190156 US				
(Only for new nonprovisional applications under 37 (	C.F.R. § 1.53(b))						
CERTIFICATE OF EXPRESS MAIL UNDER I hereby certify that this paper or fee is being deposite States Postal Service "Express Mail Post Office to A under 37 CFR 1.10 on the date indicated below and is A Stop Patent Application, Commissioner of Patents, Alexandria, VA 22313-1450	d with the United ddressee" service Addressed to Mail	ADDRES	Mail Stop Pater Commissioner P.O. Box 1450 Alexandria, VA	of Patents			
on February 11, 2004 (Date) Signature July 4nd Gyn "EXPRESS MAIL" Mailing Label No. EV 327190156 U	s			141 U.S. PTO 10/776832			
* Fee Transmittal Form (Submit an original and a duplicate for fee pre	ocessina)	5.	Microfiche Computer Progra	am (Appendix)			
Specification     (preferred arrangement set forth below)     Descriptive title of the Invention     Cross References to Related Applications	[Total Pages		e and/or Amino Acid Sequen ble, all necessary) Computer Readable Co				
Statement Regarding Fed sponsored R&D     Reference to Microfiche Appendix		b	Paper Copy (identical to	computer copy)			
<ul> <li>Background of the Invention</li> <li>Brief Summary of the Invention</li> </ul>		с	Statement verifying ider	ntity of above copies			
- Brief Description of the Drawings (if filed)		ACCOMPAN	YING APPLICATION PARTS	3			
- Detailed Description		7.	Assignment Papers (cover s	sheet & document(s))			
- Claim(s) - Abstract of the Disclosure		8.	37 C.F.R. § 3.73(b) Stateme (when there is an assignee)	ent Power of Attorney			
_	[Total Sheets	9 9.	English Translation Docume				
	Total Pages	10.	Information Disclosure Statement (IDS)/PTO-1449	Copies of IDS Citations			
a. Executed (original or copy)		11.	Preliminary Amendment				
b. Copy from a prior application (37 C.F.F. (for continuation/divisional with Box 16		12.	Return Receipt Postcard (M (should be specifically itemit	-			
i. DELETION OF INVENTOR(S) Signed statement attached deleting in application, see 37 C.F.R. §§ 1.63(d)(		14.	Certified Copy of 15. Priority Document(s) (if foreign priority is	Other:			
16. If a CONTINUING APPLICATION, check appropr	into have and avanly the	o requisite information halow	claimed)	nont:			
	inuation-in-part (CIP) of	•	and in a premimary amendi	icin.			
Prior application information: Examiner:	<b>,</b> , .	Group / Art U	Init:				
For CONTINUATION or DIVISIONAL APPS only: The				ied under Box 4b,			
is considered as being part of the disclosure of the a reference. The incorporation <u>can only</u> be relied upor				3.			
	17. CORRES	PONDENCE ADDRESS					
Customer Number or Bar Code Label	22928		or Correspondence	address below			
NAME							
ADDRESS Corning Incorporated, SF							
CITY Corning	STATE	NY	ZIP CODE	14831			
COUNTRY USA	TELEPHONE	607-974-6574	FAX	(607) 974-3848			
Name (Print/Type) Juliana Agon			(Attorney/Agent)	33,468			
Signature Ch Cha.	D:	ate 2/////	Ή				

S. PTO

FEE TRANSMITTAL for FY 2003

Complete if Known				
Application Number	n Number To Be Assigned			
Filing Date	Herewith			
First Named Inventor	Alan F. Evans, et al.			
Examiner Name	To Be Assigned			
Group / Art Unit	To Be Assigned			
Attorney Docket Number	SP04-007			

					•					
TOTAL AMOUNT OF PAYMENT (\$)770.00					ney D	ocket	Number	SP04-007		
METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)					
		ommissioner is hereby authorized to charge				3. ADDITIONAL FEES				
ind Deposit r	indicated fees and credit any overpayments to:				Entitly	y				
Account	03-3325			Fee Code	Fee		Fee Description			Fee Paid
Number l		_	Code	(\$)						
Deposit	-			1051	130		Surcharge - late	e filing fee or oat	h	
Account Name	Corning Inco	orporated		1052	50		Surcharge - late cover si	e provisional filin neet	g fee or	
$\boxtimes$	Charge Any Additional Fees Required						Non-English sp	ecification		
2   Boy	Under 37 C.F.R. §§ 1.16 and 1.17  2. Payment Enclosed:						For filing a requ	est for reexamin	ation	
	Check  Money Order Other				920*		Requesting pub			
!	FEE CALCULATION						Examiner action			
1	I. BASIC FILING FEE Large Entitly						Requesting pub Examine			
				1251	110		Extension for reply within first month			
Code (	(\$)	·		1252	420		Extension for re	ply within secon	d month	
•				1253	950		Extension for re	ply within third n	nonth	
	1	y filing fee	<u>770.00</u>	1254	1,480		Extension for re	ply within fourth	month	
1002 3		gn filing fee		1255	2,010		Extension for re	ply within fifth m	ionth	
1003 5	530 Plan	t filing fee		1401	330		Notice of Appea	al		
1004 7	770 Reis	sue filing fee		1402	330		Filing a brief in	support of an ap	peal	
1005 1	160 Prov	isional filing fee		1403	290		Request for ora	l hearing		
- EVED	SUBTOTAL (1) (\$)770.00						Petition to instit	ute a public use	proceeding	
2. EXTR	RA CLAIM FEES  Extra Fee from				110		Petition to revive - unavoidable			
Claims below Fee Paid					1,330		Petition to revive - unintentional			
Total Claims	- 20** =	x 18 = 0	0.00	1501	1,330		Utility issue fee	(or reissue)		
Independent - 3** = x 86 = 00.00  Claims  Multiple Dependent 0 = 0.00					480		Design issue fe			
					640		Plant issue fee			
Multiple Dep		1460	130		Petitions to the	titions to the Commissioner				
_	sues, see below	1807	50		Petitions related	etitions related to provisional applications				
•	ntity ee Fee Desc	rintion		1806	180			nformation Discl	• •	
	\$)	приол		8021	40			n patent assignm		
	18 Claims in ex	cess of 20					•	(times number	•	
1201 8	36 Independent	t claims in excess	s of 3	1809	770			sion after final re	jection	
1203 2	290 Multiple dep	endent claim, if n	ot paid0				(37 C.F	.R. § 1.129(a))		
1204 8		ndependent claim iginal patent	s over	1810	770			onal invention to ed (37 C.F.R § 1		
1205 1	·				1801 770 Request for Continued Examination (RCE) 1802 900 Request for expedited examination of a design application					
SUBTOTAL (2) (\$)00.00					iced by	Basic F	iling Fee Paid	SUB	TOTAL (3)	(\$)
SUBMITTED BY							Completed (	if applicable)		
Name (Pr	Name (Print/Type) Juliana Agon					ation N	o. (Attorney/A	gent)	33,468	
Signature				//		Date		11. /11		

Revised: January 2003